

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-576)

SERIAL NO. **10/070915** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1	1		
2	1			
3	1			
4	1			
5	1			
6	5			
7	8			
8	8			
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33			1	
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37			1	
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39			1	
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42				
43				
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45				
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48				
49				
50				
TOTAL IND.		1		
TOTAL DEP.		20	32	
TOTAL CLAIMS		21	33	

*	IND.	DEP.	*	IND.	DEP.	*
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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